

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8229

State File No.

FILED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2272

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Dineen

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Donovan 6. (c) Age of husband or wife if alive 41.55 years
7. Birth date of deceased Nov. 28 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 9 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ground Keeper City of St. Louis Parks

11. (a) Employer or business City of St. Louis Parks
(b) Name Timothy Dineen

(c) Birthplace New York New York
(City, town, or county) (State or foreign country)

(d) Maiden name Mary Shields

(e) Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dineen
(b) Address 3510a Harper St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43
(Month) (Day) (Year)

(c) Place; burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) MAR 9 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3510a Harper St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 7 minute 58 P.M.

21. I hereby certify that I attended the deceased from Feb. 27 1943 to March 7 1943
that I last saw him alive on March 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of the Liver Duration 15 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hemorrhage of the Liver

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Forster A. Dell (M. D. or other) MD
Address 73462 Manchester Date signed 3-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No.

Signed

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of St. Louis } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2272

On this 3rd day of April, 1943, before me appears
Margaret Dineen, who, upon her oath, states that the original record of ~~birth~~
for John Dineen, died born 3-7, 1943, in the State of
Missouri, and which was filed at St. Louis Mo on 3-9, 1943 should be corrected as follows:

Item No. 6 c. should read 41 yrs

Instead of 50 yrs.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Margaret Dineen Relationship.
3510^a Harper
Present Address.

Subscribed and sworn to before me this 3 day of April, 1943.

My Commission expires March 4, 1945 John Padden Notary Public.

by spirit

8229